

18 14

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 118
District of _____ County Registrar No. 745
Town of _____ Local Registrar No. 412
or _____
City of Hayden No. _____ St. _____ Ward _____

2. Full name of child Albert Andrew McGovern If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth Nov 7, 1923
Month Day Year

8. FATHER Full name Nathan McGovern 14. MOTHER Full maiden name Sarah Ory

9. Residence (Usual place of abode) Hayden, Ariz 15. Residence (Usual place of abode) Hayden, Ariz
If nonresident, give place and state

16. Color or race White 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Texas 18. Birthplace (city or place) Texas
(State or country)

13. Occupation Clerk 19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Harry E. Ludwig M.D. Address Hayden, Arizona

Given name added from a supplemental report _____ Month, day, year. _____

Filed Nov 14 1923 Filed 12-7 1923

Registrar. _____ Local Registrar. B. J. Jones County Registrar. _____

145-1102-268